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## FACSIMILE COVER SHEET

**DATE:** April 13, 2007

**TO:** MS: ISSUE FEE                   **FAX NO.:** (571) 273-2885

**FROM:** Jeffrey G. Toler  
 Reg. No.: 38,342

**RE U.S. App. No.:** 10/644,260, filed August 20, 2003

**Applicant(s):** John Romeo

**Atty Dkt No.:** 1033-SS00413

**Title:** SYSTEM AND METHOD FOR MULTI-MODAL MONITORING OF  
 A NETWORK

**NO. OF PAGES (including Cover Sheet):** 6

### MESSAGE:

Attached please find:

- Transmittal Form (1 pg)
- Issue Fee Transmittal (in duplicate) (2 pgs)
- Fee Address Indication Form (1 pg)
- Revocation and POA, Change of Correspondence Address and  
 Appointment of New POA (1 pg)

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PAGE 1/6 \* RCVD AT 4/13/2007 5:53:35 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-3/5 \* DNIS:2732885 \* CSID:5123275575 \* DURATION (mm:ss):02:36



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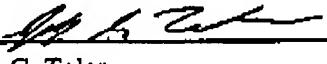
	Application Number	10/644,260
	Filing Date	August 20, 2003
	First Named Inventor	John Romeo
	Art Unit	2614
	Examiner Name	PATEL, Hemant Shantilal
6	Attorney Docket Number	1033-SS00413

6

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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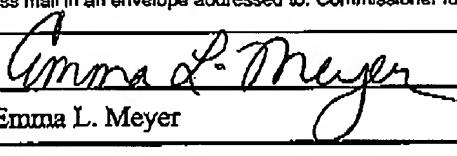
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Firm Name	TOLER SCHAFFER, LLP	
Signature		
Printed name	Jeffrey G. Toler	
Date	4-13-2007	Reg. No. 38,342

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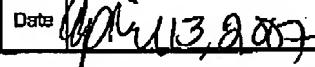
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